

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-875)**

SERIAL NO.

09-214971

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.
1	1						51						
2							52						
3							53						
4	1						54						
5							55						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	1						TOTAL CLAIMS						

BEST AVAILABLE COPY